

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	LOC NGUYEN		COURT CASE NUMBER	C.A. 04-1268 MLW
DEFENDANT	AAN - CARROLL NURSING HOME		TYPE OF PROCESS	
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE			CONDEMN
	AAN - CARROLL NURSING HOME			
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	66 JOHNSON ST., LYNN, MA. 01902			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:				
<input type="checkbox"/> LOC NGUYEN 192 WASHINGTON ST. #208 LYNN, MA. 01902				RECEIVED 05 SEP - 1 PM 2:57 05 SEP 05 05 SEP 05 05 SEP 05
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternative Telephone Numbers, and Estimated Times Available For Service):				
BETWEEN 9am - 4 pm MON - FR. DAY.				

Signature of Attorney or other Originator requesting service on behalf of:		PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
[Signature]			781-595-3352	9/1/05
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk
1		No. 38	No. 38	Kaney Delaney
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.				
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)				
Name and title of individual served (if not shown above)			A person of suitable age and discretion then residing in usual place of abode.	
NURSE - CATHY - NURSING HOME STAFF			<input checked="" type="checkbox"/>	
Address (complete only if different than shown above)			Date of Service	Time
SAME			9/30/05	2:00 pm
			Signature of U.S. Marshal	Deputy
			[Signature]	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits
45.00			45.00	
Amount owed to U.S. Marshal or Amount of Refund				
REMARKS: SERVED EMPLOYEE OF CAROL VALERIE - NURSING HOME STAFF - CATHY.				

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

UNITED STATES DISTRICT COURT

District of MASSACHUSETTS

LOC NGUYEN,
Plaintiff
V.

SUMMONS IN A CIVIL CASE

CAROL VALERIE and
ANN CARROLL NURSING HOME

CASE

C.A. 04-12648-MLW

TO: (Name and address of Defendant)

ANN CARROLL NURSING HOME

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)
LOC NGUYEN, PRO SE

* or answer as otherwise required by the Federal Rules of Civil Procedure.

an answer to the complaint which is herewith served upon you, 20* days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

SARAH ALLISON THORNTON
CLERK

8/26/05
DATE

Rebecca Grenley
(By) DEPUTY CLERK

